

Marriage & Family Therapist Examination Study Guide

PLEASE NOTE

This study guide does not replace the MFT Standard Written Examination Candidate Handbook or the MFT Clinical Vignette Examination Candidate Handbook. Please thoroughly read your examination candidate handbooks as they contain important information relating to test administration.

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How is an Examination Created?

Introduction

The Board of Behavioral Sciences developed this study guide to assist candidates, Interns, and students in preparing for the Marriage and Family Therapist (MFT) Standard and Written Clinical Vignette examinations. Candidates should use the information in this handbook to focus and prepare effectively for the examination, but it should not be the only study resource used.

When Should I Begin to Prepare for the Examinations?

An Overview

Preparation for the licensing examination begins when you take the first class in your qualifying degree program. For some, thinking about a licensing examination that is years away while still in graduate school may seem premature. However, examination preparation evolves as you complete your licensing requirements. Your education serves as the foundation from which you will build your clinical experience. The supervised work experience gives you the opportunity to apply the knowledge you gained in graduate school and to strengthen your skills as a clinician.

By reading this study guide, you are taking another step in preparing yourself for the MFT licensing examinations. Because these examinations relate to your profession and your career, it is

reasonable for you to feel some anxiety. You can reduce this anxiety, however, through practical examination preparation. While working under the supervision of a licensed mental health professional, take advantage of your supervisor's experience in the field. Remember, these examinations measure your skills as a clinician to meet minimum competency standards. There are no trick questions.

Identifying Personal Strengths and Areas Needing Improvement

The MFT examinations test a broad spectrum of minimum competencies. Ideally, your clinical experience provides you with a broad base of knowledge working with different populations and in a variety of settings, but in reality, you may be specializing within particular theoretical frameworks or with particular demographics. Developing a specialization does not reflect poorly on a candidate; however, to succeed, you will need to acknowledge that the examinations test a general scope. If you do not have professional experience working with particular theoretical frameworks, disorders, or populations, you may need extra preparation.

Take a proactive approach towards developing your clinical skills. If you develop your skills and knowledge through your education and experience, you can succeed on these examinations.

Test Preparation Strategy

Every candidate will develop a unique strategy to prepare for the examinations. The Board suggests the following.

Start by Developing a Plan

To put together a useful plan, you will need to focus on the tested tasks and knowledge. This information is available to you in the MFT Standard Written Examination Plan and MFT Clinical Vignette Examination Plan. The examination plans reflect the broad base of knowledge tested on each examination. The plans may seem intimidating, but try approaching the outlines one content area at a time to make them more manageable. Also, while the MFT Standard Written Examination Plan and MFT Clinical Vignette Examination Plan may differ, they share many common tasks and required knowledge.

Use Your Supervisor as a Resource

The role of supervision is to assist you in becoming a better and more well-rounded clinician. Since your supervisor will be aware of your clients and work, he or she can give you objective feedback on any area needing improvement. Consider taking the examination plans to your supervision meeting and discussing how your workload/caseload is preparing you for the examinations.

Additionally, your supervisor has most likely supervised other examination candidates. Ask for feedback on how other candidates prepared for the examinations. Discuss what worked and what did not work for other candidates.

Framing Your Education and Experience

Remember, you are not approaching this examination with a blank slate. Your graduate program and supervised experience will provide you with a significant amount of information you can use for examination preparation. Take time to correlate how your education and experience apply to the subject matter of this examination. (See Appendix A for examination content outlines.)

Peer Study Groups

Some candidates find studying with peers to be an effective way to prepare for the examinations. Peer study groups offer the opportunity to share experiences and draw on the knowledge of your colleagues. For example, you may not have much experience working with older adults, but studying with someone who has a familiarity with that population will benefit you. Consider discussing the sample examination items and the examination content outlines with your peer study group.

How do you find/organize a peer study group? Start by asking at your agency to see if any co-workers are interested in forming a study group. If this does not help, try contacting the local chapter of your professional association. Typically, local chapters have monthly meetings which are excellent opportunities to meet and network with fellow professionals in your area.

Sample Examination Items

The following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires you to select the correct answer from the four options provided. The incorrect answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no trick questions on the examination.

Sample MF T Standard Written Examination Questions

Clinical Evaluation

1. A client who has recently immigrated to the United States seeks therapy to adjust to the client's culturally different spouse. To assess the client's level of acculturation, which of the following concerns should the therapist take into consideration?

- A. Newly immigrated individuals are often hesitant to challenge cultural traditions in their marital relationships.
- B. Newly immigrated individuals are resistant to learning the rules of a new country.
- C. Gender differences cause more discomfort than acculturation issues.
- D. The pace of acculturation may vary from group to group.

2. An unemployed 18-year-old client who has a history of fighting, running away from home, and stealing cars while in high school is court-ordered to therapy. At present, the client deals in marijuana, has a reckless driving charge, owes the therapist money, and reports not caring. Which of the following diagnoses should the therapist make?

- A. Attention-deficit/hyperactivity disorder.
- B. Antisocial personality disorder.
- C. Substance abuse disorder.
- D. Conduct disorder.

Crisis Management

3. During the early phase of family therapy, a single mother and her 14-year-old daughter are in crisis because the adolescent recently attempted suicide. How should a structural family therapist initially proceed?

- A. Unbalance the family so that the mother is put in charge.
- B. Restructure the family so that the family system is balanced.
- C. Join with the family so that they can later lead themselves out of the crisis.
- D. Reframe the suicide attempt so that the therapist can lead the family out of the crisis.

4. In their session, a couple talks about their "bad physical fight" last weekend. The therapist notices bruises and abrasions on the wife's legs. How should the therapist proceed to stop the violence?

- A. Refer the husband to a batterers' group; ask the wife to describe what he does to her; and work with the couple conjointly.
- B. Refer the husband to a batterers' group; work with them conjointly to own their individual responsibility; and increase their understanding of the choices.
- C. Refer each to individual therapy to give them a safe place to explore their feelings and continue couples therapy.
- D. Refer the husband to a batterers' group and individual therapy and refer the wife to the local women's shelter and individual therapy.

Ethics

5. A client diagnosed with schizophrenia has been given a prescription for medication by a psychiatrist. The client has stopped the medication, complaining of unpleasant side effects. The therapist does not notice any improvement in the client's affect, mood, or cognitions. Which of the following actions should the therapist take?

- A. Refer the client back to the psychiatrist.
- B. Contact the client's psychiatrist to report client's noncompliance with medication.
- C. Explain that the client cannot be seen unless the client is taking the prescribed medication.
- D. Continue to work with the client since the absence of medication appears not to have had a negative effect.

6. A client diagnosed with an aggressive and painful cancer discloses his wish to end his life because of his terminal illness. How should a therapist with strong beliefs and opinions on this issue manage ethical responsibilities toward this client?

- A. Refer the client to a therapist who has expertise working with terminal illness.
- B. Encourage the client to discover a new commitment to living with illness.
- C. Discuss the different moral values between the therapist and the client.
- D. Seek consultation to provide treatment within the client's value system.

Law

7. A 12-year-old child is brought to therapy by a single father who claims that the child has been acting differently since he and the child's mother divorced. He tells the therapist that his former wife has full legal custody because he had been wrongfully accused of mistreating the child, but that the child called him and wanted to see him. Upon meeting the child at an agreed upon time and place, the child tells his father that he is very sad and does not want to live anymore. What responsibility does the therapist have in this situation?

- A. Agree to treat the child because of the severity of the symptoms.
- B. Agree to treat the child only after the father agrees to get permission from the mother.
- C. Refuse to treat the child because the law requires that both parents sign consent before treatment begins.

D. Refuse to treat the child because only the parent with legal custody can consent to the child's treatment.

8. An 84-year-old client calls her therapist because she cannot make it to the session. She has been financially and physically dependent upon her daughter who moved out last week. The client does not know where her daughter has gone and has not heard from her. Which of the following actions must the therapist take to assist the client?

- A. Determine alternative support person(s).
- B. Refer the client to a social services support agency.
- C. Report possible elder abuse to the appropriate authorities.
- D. Offer to see the client in her home.

Treatment Planning

9. A 53-year-old military veteran is experiencing a great deal of frustration and anger in his relationship with his 12-year-old son. He complains, "My son doesn't listen to me. I know my wife is turning him against me." How would a solution-focused therapist intervene to assist this client?

- A. Directly realign the executive subsystems with expectations for change.
- B. Devise strategies to eliminate symptoms, thereby leading to change.
- C. Collaboratively design a situation with expectations for change.
- D. Rewrite the problem for the client, thereby leading to change.

10. A client is referred for treatment by her obstetrician following the birth of her third child. According to the doctor, the client has a history of postpartum depression. The doctor started her on antidepressants. In the past the client was stable as long as she remained on her medication. The client reports that her symptoms seem to be getting worse. How should the therapist address the client's deterioration?

- A. Obtain a release to consult with the obstetrician, assess for compliance with antidepressants, and refer the client for psychological testing.
- B. Obtain a release to consult with the obstetrician, assess for compliance with antidepressants, and continue psychotherapy.
- C. Invite the client's husband to participate in treatment, assess for suicidality, and refer the client for psychological testing.
- D. Invite the client's husband to participate in treatment, assess for suicidality, and continue psychotherapy.

Treatment

11. A client is ready to terminate therapy. Which of the following questions would the therapist answer to determine the client's readiness to terminate?

- A. "Have the troublesome behaviors in the relationship been stabilized?"
- B. "Have all the referrals been attempted, discussed, and eliminated?"
- C. "Is the client able to use what has been learned in treatment?"
- D. "Is the client willing to interpret self-generated behaviors?"

12. After seeing a therapist for three sessions, a family thanks the therapist for teaching them how to better communicate with their teenager. The family announces that they will not be returning for

further sessions. Which of the following interventions would appropriately assess the termination process?

- A. Suggest that improving communication is only the first step in helping the family and encourage them to make another appointment.
- B. Compliment the family on having been very responsive to treatment but predict that they will probably relapse within a week or two.
- C. Open a discussion of the presenting problem and encourage the family to explore how their interactions affected any change.
- D. Point out other areas of dysfunction and recommend that the family come back once they are ready to address those issues.

Sample MF T Clinical Vignette Questions

Vignette 1

Tom, age 41, and Geri, age 23, a Caucasian couple are referred by Tom's health insurance. Geri tearfully tells of Tom's lack of affection over the past six months. He can't control the amount of time he spends on the Internet at work and at home. Tom nervously states, "I don't know what I'll do if my employer finds out about my problem." Geri's voice breaks as she says, "I can't keep living like this! He is spending all our money on porn sites. We can't pay our bills, and today we can't even pay our \$10 co-pay. Can we defer that until you cure Tom?"

Crisis Management

13. What crisis issues and psychosocial stressors are presented in the case described in the vignette?

- A. Geri's possibility of suicide.
Health concerns of possible STDs.
Lack of intimacy in the relationship.
Consent for Internet access at work.
- B. Serious financial concerns.
Geri's possibility of suicide.
Lack of intimacy in the relationship.
Tom's addiction to Internet pornography.
- C. Health concerns of possible STDs.
Consent for Internet access at work.
Involuntary hospitalization for Geri.
Tom's escalating sexual behavior outside the relationship.
- D. Serious financial concerns.
Involuntary hospitalization for Geri.
Tom's addiction to Internet pornography.
Tom's escalating sexual behavior outside the relationship.

Clinical Evaluation

14. Using an addiction model, how would a therapist gather additional information to develop a clinical assessment for the case provided in the vignette?

A. Administer Beck's Depression Inventory.

Discuss co-dependent behavior with Geri.

Explore the frequency of Tom's Internet use.

Explore the couple's concern for their intimacy.

B. Assess for other addictions.

Consult with Tom's employer.

Discuss co-dependent behavior with Geri.

Assess Tom's addiction by administering an addiction scale inventory.

C. Assess for other addictions.

Administer Beck's Depression Inventory.

Explore Tom's other recreational interests.

Assess Tom's addiction by administering an addiction scale inventory.

D. Assess for other addictions.

Explore the frequency of Tom's Internet use.

Explore the couple's concern for their intimacy.

Assess Tom's addiction by administering an addiction scale inventory.

Treatment Planning

15. How would Cognitive-Behavioral Therapy be used in the case presented in the vignette?

A. Assign homework on active listening to improve communication.

Explore his belief system about sexual addiction relating to shame.

Learn what automatic thoughts are triggered by those underlying assumptions.

Identify Tom's underlying assumptions about his sense of self, the world, and his future.

B. Discuss Tom's and Geri's beliefs about their body images.

Explore the underlying assumptions that come from Tom's parents.

Explore his belief system about sexual addiction relating to shame.

Learn what automatic thoughts are triggered by those underlying assumptions.

C. Explore Tom's payment for emotional gratification.

Assign homework on active listening to improve communication.

Identify Tom's underlying assumptions about his sense of self, the world, and his future.

Clarify Tom and Geri's sexual needs and how they communicate those needs to each other.

D. Explore Tom's payment for emotional gratification.

Discuss Tom's and Geri's beliefs about their body images.

Explore the underlying assumptions that come from Tom's parents.

Clarify Tom's and Geri's sexual needs and how they communicate those needs to each other.

Treatment

16. How should the therapist proceed if using a three-column log fails to work in the case described in the vignette?

A. Use a psycho-educational approach to increase the couple's intimacy.
Reframe Tom's sexual behavior as his expression of a fear of intimacy.
Use a Bowenian approach that identifies pornography as triangulation.

B. Refer Tom and Geri to a surrogate.
Use empty chair technique to role-play Tom's sexual ambivalence.
Use a Bowenian approach that identifies pornography as triangulation.

C. Encourage Geri to seek her own sexual gratification.
Use empty chair technique to role-play Tom's sexual ambivalence.
Use a psycho-educational approach to increase the couple's intimacy.

D. Refer Tom and Geri to a surrogate.
Encourage Geri to seek her own sexual gratification.
Reframe Tom's sexual behavior as his expression of a fear of intimacy.

Ethics

17. What ethical responsibilities does the therapist have based on the case provided in the vignette?

A. Manage the fee.
Assess for Geri's suicide ideation.;
Obtain consent to treat from the EAP.
Refer clients to a low-fee or no-fee provider.

B. Manage the fee.
Assess for Geri's suicide ideation.
Manage confidentiality with insurance carrier.
Identify expectations of treatment for both Tom and Geri.

C. Manage the fee.
Assess for Geri's suicide ideation.
Duty to warn Tom's employer about Internet abuse.
Consult with case manager of insurance company concerning Internet use.

D. Refer clients to a low-fee or no-fee provider.
Manage confidentiality with insurance carrier.
Duty to warn Tom's employer about Internet abuse.
Identify expectations of treatment for both Tom and Geri.

Law

18. What legal obligations does the therapist have based on the case provided in the vignette?

A. Set fees prior to first session.
Inform clients of scope of practice.
Obtain releases for referral resources.
Inform clients on limits of confidentiality.

B. Manage counter transference.
Inform clients of scope of practice.
Inform clients on limits of confidentiality.
Explain therapist's obligation to report domestic violence.

C. Manage fees.

Set fees prior to first session.

Manage counter transference.

Obtain releases for referral resources.

D. Manage fees.

Inform clients of scope of practice.

Refer Tom to a sexual addiction group.

Inform clients on limits of confidentiality.

Vignette 2

Brian, a 42-year-old Caucasian, and Nicole, a 43-year-old African-American, are referred by Nicole's physician. In order to keep his job, Brian recently completed a 30-day drug and alcohol residential treatment program. Nicole states that while Brian was away, she felt safe for the first time in years. She was able to attend church and see her friends. Her situation has changed since Brian returned home. She reports feeling nervous and complains of insomnia, nightmares, and difficulty concentrating at work. She fears that they both might lose their jobs. Brian states, "I'm done drinking! What's the problem? Nicole should just see you alone. I don't need any more therapy."

Crisis Management

19. What crisis issues and psychosocial stressors are presented in the case described in the vignette?

A. Nicole's fear of job loss.

Brian's risk of substance abuse relapse.

Domestic violence between Brian and Nicole.

B. Nicole's fear of job loss.

Brian's refusal to participate in therapy.

Nicole's inadequate social support system.

C. Brian's refusal to participate in therapy.

Nicole's inadequate social support system.

Domestic violence between Brian and Nicole.

D. Brian's risk of substance abuse relapse.

Domestic violence between Brian and Nicole.

Nicole's hope to maintain her spiritual affiliation.

Clinical Evaluation

20. What human diversity issues should be considered based on the case provided in the vignette?

A. Health concerns, based on Brian's substance abuse history.

Brian's possible involvement in drug and alcohol culture.

Ethnic diversity, based on Brian's and Nicole's racial differences.

B. Brian's possible involvement in drug and alcohol culture.

Ethnic diversity, based on Brian's and Nicole's racial differences.

Religious and spiritual beliefs, based on Nicole's church attendance.

C. Marital status, based on threat of divorce due to couple conflict.
Occupational concerns due to participation in rehabilitation program.
Religious and spiritual beliefs, based on Nicole's church attendance.

D. Health concerns, based on Brian's substance abuse history.
Occupational concerns due to participation in rehabilitation program.
Marital status, based on threat of divorce due to couple conflict.

Treatment Planning

21. Why should Cognitive-Behavioral Therapy be used to develop a treatment plan in the vignette?

A. To develop Brian's skills in recognizing triggers for his drinking behavior.
To enable Brian to challenge his denial system.
To increase Nicole's anxiety management skills.
To enable Nicole to develop a safety plan.

B. To increase Brian's insight into his drinking behavior.
To increase Nicole's understanding of Brian's anger.
To enable Brian to challenge his denial system.
To enable Nicole to develop a safety plan.

C. To develop Brian's skills in recognizing triggers for his drinking behavior.
To provide Brian with the opportunity to develop alternative defenses.
To increase Nicole's understanding of Brian's anger.
To increase Nicole's anxiety management skills.

D. To provide Brian with the opportunity to develop alternative defenses.
To provide Nicole with the structure to externalize her nightmares.
To enable Brian to challenge his denial system.
To enable Nicole to develop a safety plan.

Treatment

22. Using Cognitive-Behavioral Therapy, which of the following interventions would achieve Nicole's goal of increasing her self-care skills based on the case provided in the vignette?

A. Teach Nicole relaxation techniques to use when she awakens from a nightmare.
Teach Nicole thought-stopping techniques regarding Brian's drinking.
Evaluate Nicole's beliefs that she is powerless in her relationship.
Enable Nicole to challenge her isolation as a result of not seeing friends.

B. Encourage Nicole to monitor her thoughts when she is feeling nervous.
Enable Nicole to identify the origins of her self-defeating thoughts.
Teach Nicole thought-stopping techniques regarding Brian's drinking.
Test Nicole's assumptions that she might lose her job.

C. Teach Nicole relaxation techniques to use when she awakens from a nightmare.
Enable Nicole to identify the origins of her self-defeating thoughts.
Enable Nicole to challenge her isolation as a result of not seeing friends.
Teach Nicole to extinguish her fears about seeing her friends.

D. Teach Nicole relaxation techniques to use when she awakens from a nightmare.
Encourage Nicole to monitor her thoughts when she is feeling nervous.
Enable Nicole to challenge her isolation as a result of not seeing friends.
Test Nicole's assumptions that she might lose her job.

Ethics

23. What ethical responsibilities does the therapist have based on the case provided in the vignette?

A. Review with Brian his relapse prevention plan.
Monitor Nicole's safety since Brian has returned home.
Explore Brian's thoughts about participating in therapy.
Discuss fee structure that addresses potential job loss.

B. Review with Brian his relapse prevention plan.
Monitor Nicole's safety since Brian has returned home.
Provide two appropriate referrals if clients lose their jobs.
Inform the couple that the therapist will not keep "secrets."

C. Explore Brian's thoughts about participating in therapy.
Discuss fee structure that addresses potential job loss.
Encourage Brian to attend Nicole's church for spiritual support.
Discuss the limits of confidentiality regarding domestic violence.

D. Explore Brian's thoughts about participating in therapy.
Discuss fee structure that addresses potential job loss.
Inform the couple that the therapist will not keep "secrets."
Discuss the limits of confidentiality regarding domestic violence.

Law

24. How should the therapist handle the legal requirements regarding the potential for danger to others if Brian states in session, "I will do whatever it takes to keep Nicole from leaving"?

A. Identify Brian's prior history of violent behavior.
Explore what Brian means by "whatever it takes."
Initiate Tarasoff if Brian reveals a plan to harm Nicole.

B. Explore what Brian means by "whatever it takes."
Consider 5150 since Brian presents a danger to others.
Provide Nicole with a safety plan to escape Brian's violence.

C. Identify Brian's prior history of violent behavior.
Consider 5150 since Brian presents a danger to others.
Contact Brian's residential treatment program to evaluate his level of risk.

D. Initiate Tarasoff if Brian reveals a plan to harm Nicole.
Provide Nicole with a safety plan to escape Brian's violence.
Contact Brian's residential treatment program to evaluate his level of risk.

Answer Key

1. D
2. B
3. C
4. D
5. A
6. D
7. A
8. C
9. C
10. B
11. C
12. C
13. B
14. D
15. A
16. A
17. B
18. A
19. A
20. B
21. A
22. D
23. A
24. A

Examination Results

Meeting educational and experience requirements and passing the examinations are challenging experiences. The entire process takes years of dedication. The purpose of the licensing examinations is to protect consumers and ensure that MFTs are minimally competent to provide independent psychotherapy in the State of California. While it seems self-evident that well-rounded clinicians will perform well on the examination, many candidates will begin studying two to four months in advance of the examination, take a preparation course, and expect to pass both examinations on the first attempt. This may work for some, but two to four months of studying is no compensation for polished clinical skills and knowledge.

Use this study guide as a resource and to assist you in becoming the best therapist that you can be. Doing so results in success not only on the licensing examination, but also in your career.

Passing Notices

You will need to pass the Standard Written Examination before you can apply to take the Clinical Vignette Examination using the *MFT Request for Examination/Re-Examination* form.

Passing both examinations means you are ready to receive your license. Congratulations, and remember to submit your *Request for MFT Initial License Issuance* form and appropriate fee to the Board. You should receive the *Request for MFT Initial License Issuance* form at the testing center once you pass the Clinical Vignette Examination.

Failure Notices

Failing will undoubtedly disappoint any examination candidate; however, if you do fail, treat it as an opportunity to improve. Failure notices provide you with a breakdown of how you performed in each content area. This information will assist you in preparing to re-take the examination. You must wait six months and must submit an *MFT Request for Examination/Re-Examination* application to the Board to be eligible to retake the exam.

Appendix A

MFT Standard Written Examination Content Outline

- I. **Clinical Evaluation**
 - A. **Initial Assessment**
 - B. **Clinical Assessment**
 - I. **Developmental History**
 - II. **Physical Condition**
 - III. **Psychological Condition**
 - IV. **Family/Personal History**
 - V. **Social Factors**
 - C. **Diagnosis**
- II. **Crisis Management**
 - A. **Assessment**
 - B. **Strategies**
- III. **Treatment Planning**
 - A. **Goal Setting**
 - B. **Formulation of Treatment Plan**
 - I. **Theoretical Orientation**
 - II. **Clinical Factors**
- IV. **Treatment**
 - A. **Therapeutic Relationship**
 - B. **Interventions**
 - I. **Theoretical Orientations**
 - II. **Clinical Factors**
- V. **Ethics**
 - A. **Informed Consent**
 - B. **Therapeutic Boundaries**
 - C. **Management of Ethical Issues**
- VI. **Law**
 - A. **Confidentiality and Privilege**
 - B. **Exceptions**
 - C. **Professional Conduct**

The following pages contain detailed information regarding examination content. A description of each content area, sub-area and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the

examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. CLINICAL EVALUATION

Definition: This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

A. INITIAL ASSESSMENT

Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy
- Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Evaluate client's previous therapy experience to determine impact on current therapeutic process.
- Identify human diversity factors to determine how to proceed with client's treatment.
- Assess for indicators of substance use, abuse, and dependency to plan for client's treatment.
- Assess the impact of client's substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.

Knowledge of

- Therapeutic questioning methods
- Active listening techniques
- Procedures to gather initial intake information
- Observation techniques to evaluate verbal and nonverbal cues.
- Factors influencing the choice of unit of treatment
- Impact of cultural context on family structure and values
- Role of client motivation in therapeutic change
- Techniques to facilitate engagement of the therapeutic process with involuntary clients
- Effects of previous therapy on current therapeutic process
- Effects of human diversity factors on the therapeutic process
- Cultural beliefs regarding therapy and mental health
- Impact of cultural context on family structures and values
- Criteria for classifying substance use, abuse, and dependency
- Effects of substance use, abuse, and dependency on psychosocial functioning and family relationships

- Impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning

B. CLINICAL ASSESSMENT

1. Developmental History

Tasks

- Gather information regarding developmental history to determine impact on client's functioning.

Knowledge of

- Developmental processes of individual growth and change
- Behavioral and psychological indicators of developmental disorders
- Stages of family life-cycle development

2. Physical Condition

Tasks

- Gather information regarding physical conditions or symptoms to determine impact on client's presenting problems.
- Evaluate client's medical history and current complaints to determine need for medical referral.

Knowledge of

- Effects of physical condition on psychosocial functioning
- Relationship between medical conditions and psychosocial functioning
- Effects of physical condition on psychosocial functioning
- Psychological features or symptoms that indicate need for a medical evaluation

3. Psychological Condition

Tasks

- Administer mental status exam to identify client's mood and levels of affective and cognitive functioning.
- Identify client's thought processes and behaviors that indicate a need for psychiatric referral.
- Identify client's affective, behavioral, and cognitive functioning that indicates a need for referral for testing.

Knowledge of

- Administration and application of informal mental status examinations
- Psychological features or behaviors that indicate need for a psychiatric evaluation

- Affective, behavioral, and cognitive factors that indicate need for further testing

4. Family/Personal History

Tasks

- Explore human diversity issues to determine impact on client functioning.
- Gather information regarding family history to assess impact of significant relationships and events on client's presenting problems.
- Gather information about family structure by evaluating impact of significant relationships and events.
- Gather information from other involved parties to contribute to development of a clinical impression of client.

Knowledge of

- Implications of human diversity issues on client relationships
- Transitional stages of acculturation
- Techniques to collect family history
- Methods to assess impact of family history on family relationships
- Effects of family structure and dynamics on development of identity
- Impact of cultural context on family structure and values
- Methods to gather information from professionals and other involved parties

5. Social Factors

Tasks

- Gather information regarding client's employment history to determine how patterns of behavior manifest in occupational settings.
- Gather information regarding client's educational history to determine how patterns of behavior manifest in educational settings.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Gather information regarding social relationships to identify client's support systems.
- Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members.
- Assess economic, political, and social climate to determine the impact on client's presenting problems and treatment.

Knowledge of

- Relationship between behavior and the work environment
- Relationship between behavior and the educational setting
- Techniques to identify the primary caregiver's level of involvement in therapy
- Techniques to identify support systems within social network
- Effects of acculturation on family structure and values
- Transitional stages of acculturation
- Impact of economic factors and stressors on presenting problems and treatment
- Impact of the sociopolitical climate on the therapeutic process

- Impact of psychosocial stressors on presenting problems and current functioning

C. DIAGNOSIS

Tasks

- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.
- Identify precipitating events related to client's presenting problems to determine contributing factors.
- Assess impact of medication on client's current functioning to develop a diagnostic impression.
- Compare clinical information with diagnostic criteria to differentiate between closely related disorders.

Knowledge of

- Diagnostic and Statistical Manual criteria for determining diagnoses
- Procedures to integrate assessment information with diagnostic categories
- The impact of psychosocial stressors on presenting problems and current functioning
- The impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression
- The impact of medication on physical and psychological functioning
- Procedures to develop a differential diagnosis

II. CRISIS MANAGEMENT

Definition: This area assesses the candidate's ability to identify, evaluate, and manage crisis situations.

A. ASSESSMENT

Tasks

- Identify nature of client's crises to determine what immediate intervention is needed.
- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Identify type of abuse by assessing client to determine level of intervention.
- Assess trauma history to determine impact on client's current crisis.
- Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).

Knowledge of

- Techniques to identify crisis situations

- Principles of crisis management
- Methods to assess strengths and coping skills
- Methods to evaluate severity of symptoms
- Techniques to assess for grave disability of client
- Criteria to determine situations that constitute high risk for abuse
- Indicators of abuse
- Indicators of neglect
- Indicators of endangerment
- Indicators of domestic violence
- Effects of prior trauma on current functioning
- Risk factors that indicate potential for suicide within age, gender, and cultural groups
- Physical and psychological indicators of suicidality
- Effects of precipitating events on suicide potential
- Physical and psychological indicators of self-destructive and/or self-injurious behavior
- Risk factors that indicate potential for self-destructive behavior
- Methods to evaluate severity of symptoms
- Risk factors that indicate client's potential for causing harm to others

B. STRATEGIES

Tasks

- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.
- Identify resources (e.g., referrals, collateral services) to assist with management of client's crisis.

Knowledge of

- Procedures to manage client's suicidal ideation that do not require hospitalization
- Techniques to provide suicide intervention in emergency situations
- Strategies to reduce incidence of self-destructive/self-injurious behavior
- Techniques (e.g., contract) to manage suicidality
- Strategies to deal with dangerous clients
- Strategies for anger management
- Strategies to manage situations dangerous to therapists
- Strategies to address safety in situations of abuse
- Support systems to manage crisis
- Referral sources to manage crisis
- Methods to coordinate collateral services

III. TREATMENT PLANNING

Definition: This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model.

A. GOAL SETTING

Tasks

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Prioritize treatment goals to determine client's course of treatment.
- Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.

Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning
- Techniques for establishing a therapeutic framework within diverse populations
- Factors influencing the frequency of therapy sessions
- Stages of treatment
- Strategies to prioritize treatment goals
- Methods to formulate short and long-term treatment goals
- Third party specifications (e.g., managed care, court mandated, EAP) impacting treatment planning
- Criteria to monitor therapeutic progress
- Procedures to measure qualitative and quantitative therapeutic changes

B. FORMULATION OF TREATMENT PLAN

1. Theoretical Orientation

Tasks

- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.

Knowledge of

- Theoretical modalities to formulate a treatment plan
- Assumptions, concepts, and methodology associated with a cognitive-behavior approach
- Assumptions, concepts, and methodology associated with a humanistic-existential approach
- Assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused)
- Assumptions, concepts, and methodology associated with a psychodynamic approach
- Assumptions, concepts, and methodology associated with a systems approach
- Assumptions, concepts, and methodology associated with group therapy

2. Clinical Factors

Tasks

- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.
- Determine the need for referral for adjunctive services to augment client's treatment
- Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.
- Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan.
- Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).
- Coordinate mental health services to formulate a multidisciplinary treatment plan.

Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning
- Techniques for establishing a therapeutic framework within diverse populations
- Methods to assess client's ability to access resources
- Methods to identify need for adjunctive services
- Adjunctive services within community/culture to augment therapy
- Methods to integrate information obtained from physician/psychiatrist
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational).
- Issues related to the process of termination
- Techniques to assess when to initiate termination
- Impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination
- Impact of combining treatment modalities in treating problems or disorders
- Factors associated with use of a multidisciplinary team approach to treatment

IV. TREATMENT

Definition: This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with treatment plan and theoretical model.

A. THERAPEUTIC RELATIONSHIP

Tasks

- Establish a therapeutic relationship with client to facilitate treatment.
- Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.

Knowledge of

- Components (e.g., safety, rapport) needed to develop the therapeutic relationship
- Strategies to develop a therapeutic relationship
- Impact of value differences between therapist and client on the therapeutic process
- Strategies to acknowledge treatment progress

B. INTERVENTIONS

2. Theoretical Orientations

Tasks

- Develop strategies consistent with systems theories to facilitate client's treatment.
- Develop strategies consistent with cognitive-behavioral theories to facilitate client's treatment.
- Develop strategies consistent with psychodynamic theories to facilitate client's treatment.
- Develop strategies consistent with humanistic-existential theories to facilitate client's treatment.

Knowledge of

- Theory of change and the role of therapist from a systems approach
- Use of interventions associated with systems theories
- Theory of change and the role of therapist from a cognitive-behavioral approach
- Use of interventions associated with cognitive-behavioral theories
- Impact of transference and countertransference dynamics
- Theory of change and the role of therapist from a psychodynamic approach
- Use of interventions associated with psychodynamic theories
- Theory of change and the role of therapist from a humanistic-existential approach
- Use of interventions associated with humanistic-existential theories

3. Clinical Factors

Tasks

- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies consistent with developmental theories to facilitate client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.

Knowledge of

- Intervention methods for treating substance abuse • Intervention methods for treating abuse (e.g., child, elder) within families
- Intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff)
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty)
- Use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial)
- Techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders)
- Techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss)
- Impact of value differences between therapist and client on the therapeutic process
- Approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender)

C. TERMINATION

Tasks

- Determine client's readiness for termination by evaluating whether treatment goals have been met.
- Develop a termination plan with client to maintain gains after treatment has ended.
- Integrate community resources to provide ongoing support to the client following termination of treatment.

Knowledge of

- Changes in functioning that indicates readiness to terminate therapy
- Issues related to the process of termination
- Techniques to assess when to initiate termination
- Techniques to maintain therapeutic gains outside therapy
- Relapse prevention techniques
- Methods to integrate available community resources into treatment planning

V. ETHICS

Definition: This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client.

A. INFORMED CONSENT

Tasks

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.
- Inform parent/legal guardian and minor client about confidentiality issues and exceptions.

Knowledge of

- Approaches to address expectations of the therapeutic process
- Cultural differences which may affect the therapeutic alliance
- Methods to explain management of fees and office policies
- Methods to explain confidentiality parameters
- Methods to explain mandated reporting
- Minor client's right to confidentiality and associated limitations

B. THERAPEUTIC BOUNDARIES

Tasks

- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.
- Manage client's overt/covert sexual feelings toward the therapist to maintain integrity of the therapeutic relationship.

Knowledge of

- Strategies to manage countertransference issues
- Impact of gift giving and receiving on the therapeutic relationship
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship
- Implications of sexual feelings/contact within the context of therapy
- Implications of physical contact within the context of therapy
- Strategies to maintain therapeutic boundaries

C. MANAGEMENT OF ETHICAL ISSUES

Tasks

- Manage confidentiality issues to maintain integrity of the therapeutic contract.
- Manage client's concurrent relationships with other therapists to evaluate impact on treatment.
- Manage clinical issues outside therapist's scope of competence in order to meet client needs.
- Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.
- Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.

Knowledge of

- Confidentiality issues in therapy
- Effects of concurrent therapeutic relationships on treatment process
- Criteria to identify limits of therapist's scope of competence
- Areas of practice requiring specialized training
- Ethical considerations for interrupting or terminating therapy
- Alternative referrals to provide continuity of treatment
- Effects of therapist's cognitive, emotional, or physical limitations on the therapeutic process

VI. LAW

Definition: This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice.

A. CONFIDENTIALITY AND PRIVILEGE

Tasks

- Maintain client confidentiality within limitations as defined by mandated reporting requirements.
- Obtain client's authorization for release to disclose or obtain confidential information.
- Comply with client's requests for records as mandated by law.
- Comply with legal standards regarding guidelines for consent to treat a minor.
- Assert client privilege regarding requests for confidential information within legal parameters.

Knowledge of

- Exceptions to confidentiality pertaining to mandated reporting requirements
- Conditions and requirements to disclose or obtain confidential information
- Laws regarding client's requests for records
- Laws regarding consent to treat a minor
- Custody issues of minor client to determine source of consent
- Laws regarding privileged communication
- Laws regarding holder of privilege
- Laws regarding therapist response to subpoenas

B. EXCEPTIONS

Tasks

- Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm by client to others as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.

Knowledge of

- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder)
- Laws pertaining to mandated reporting of client's intent to harm others
- Techniques to evaluate client's plan, means, and intent for dangerous behavior
- Legal criteria for determining involuntary hospitalization

C. PROFESSIONAL CONDUCT

Tasks

- Provide information associated with provision of therapeutic services to client as mandated by law.
- Maintain security of client's records as mandated by law.
- Maintain documentation of clinical services as mandated by law.
- Comply with legal standards regarding sexual contact, conduct, and relations with client.

- Comply with legal standards regarding scope of practice in the provision of services.
- Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.

Knowledge of

- Laws regarding disclosing fees for professional services
- Situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled, "Professional Therapy Never Includes Sex"
- Laws regarding security of client records
- Laws regarding documentation of clinical services
- Laws regarding sexual conduct between therapist and client
- Laws which define scope of practice
- Laws regarding advertisement and dissemination of information pertaining to professional qualifications and services

MFT Written Clinical Vignette Examination Content Outline

- I. Crisis Management**
- II. Clinical Evaluation**
- III. Treatment Planning**
- IV. Treatment**
- V. Ethics**
- VI. Law**

A definition and description of each content area, as well as the associated tasks and knowledge statements, are included in the content outline. The description provides an overall description of the content area – that is, what the questions for that content area are designed to assess. Examination candidates should be able to perform the tasks identified in the content outline. Candidates should also be familiar with the topics identified in the knowledge statements.

I. CRISIS MANAGEMENT

Description: This area assesses the candidate's ability to identify, evaluate, and clinically manage crisis situations and psychosocial stressors specific to the vignette presented.

Definition: The candidate may be required to:

Identify crises and psychosocial stressors

Recognize the severity of crises and psychosocial stressors

Evaluate plans to clinically manage crises and psychosocial stressors

Tasks

- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Assess trauma history to determine impact on client's current crisis.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Identify type of abuse by assessing client to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).
- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.

Knowledge of

- Methods to assess strengths and coping skills.
- Methods to evaluate severity of symptoms.

- The effects of prior trauma on current functioning.
- Risk factors that indicate potential for suicide within age, gender, and cultural groups.
- Physical and psychological indicators of self-destructive and/or self-injurious behavior.
- Risk factors that indicate potential for self-destructive behavior.
- Criteria to determine situations that constitute high risk for abuse.
- Indicators of abuse.
- Indicators of neglect.
- Indicators of endangerment.
- Indicators of domestic violence.
- Methods to evaluate severity of symptoms.
- Risk factors that indicate client's potential for causing harm to others.
- Strategies to reduce incidence of self-destructive/self-injurious behavior.
- Techniques (e.g., contract) to manage suicidality.
- Strategies to deal with dangerous clients.
- Strategies for anger management.
- Strategies to address safety in situations of abuse.

II. CLINICAL EVALUATION

Description: This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context specific to the vignette presented.

Definition: The candidate may be required to:

- Identify human diversity issues
- Evaluate clinical issues and assessment information from theoretical frameworks
- Evaluate diagnostic impressions including those consistent with DSM-IV-TR

Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.
- Identify unit of treatment (e.g., individual, couple, or family) to determine a strategy for therapy.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Gather information regarding history, relationships, and other involved parties to develop a clinical impression of the client.
- Explore human diversity issues to determine impact on client functioning.
- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.

Knowledge of

- Therapeutic questioning methods.
- Active listening techniques.
- Procedures to gather initial intake information.
- Observation techniques to evaluate verbal and nonverbal cues.
- The impact of psychosocial stressors on presenting problems and current functioning.
- Factors influencing the choice of unit of treatment.
- The role of client motivation in therapeutic change.
- Techniques to facilitate engagement of the therapeutic process with involuntary clients.
- The effects of human diversity factors on the therapeutic process.
- The implications of human diversity issues on client relationships.
- Methods to assess impact of family history on family relationships.
- The effects of family structure and dynamics on development of identity.
- The impact of cultural context on family structure and values.
- Methods to gather information from professionals and other involved parties.
- Techniques to identify support systems within social network.
- Techniques to identify the primary caregiver's level of involvement in therapy.
- Diagnostic and Statistical Manual criteria for determining diagnoses.
- Procedures to integrate assessment information with diagnostic categories.

III. TREATMENT PLANNING

Description: This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical framework specific to the vignette presented.

Definition: The candidate may be required to:

- Apply theoretical frameworks to a vignette
- Evaluate treatment plans with beginning, middle and end stages
- Evaluate and prioritize treatment goals
- Evaluate the incorporation of human diversity into the treatment plan

Tasks

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Integrate information obtained from collateral consultations (e.g., educational, vocational and medical) to formulate treatment plans.
- Prioritize treatment goals to determine client's course of treatment.
- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.
- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.

Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning.
- Factors influencing the frequency of therapy sessions

- Stages of treatment.
- Strategies to prioritize treatment goals.
- Methods to formulate short- and long-term treatment goals.
- Theoretical modalities to formulate a treatment plan.
- The assumptions, concepts, and methodology associated with a theoretical framework (e.g., cognitive-behavioral, humanistic-existential, postmodern, psychodynamic, systems).
- Means to integrate client and therapist understanding of the goals in treatment planning.
- Techniques for establishing a therapeutic framework within diverse populations.
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational, and medical).

IV. TREATMENT

Description: This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical frameworks specific to the vignette presented.

Definition: The candidate may be required to:

- Select theoretically consistent and client-specific clinical interventions
- Evaluate the progress of treatment
- Consider alternative interventions

Tasks

- Establish a therapeutic relationship with client to facilitate treatment.
- Develop strategies consistent with a theoretical model to facilitate a client's treatment.
- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.
- Develop a termination plan with client to maintain gains after treatment has ended.

Knowledge of

- The components (e.g., safety, rapport) needed to develop the therapeutic relationship.
- Strategies to develop a therapeutic relationship.
- The use of interventions associated with a theoretical model.
- The theory of change and the role of therapist from a theoretical approach.
- Intervention methods for treating substance abuse.
- Intervention methods for treating abuse (e.g., domestic, child, and elder) within families.
- Intervention methods for treating the impact of violence.
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).
- The impact of value differences between therapist and client on the therapeutic process.
- Approaches to address issues associated with variations in lifestyles.
- Techniques to maintain therapeutic gains outside therapy.
- Relapse prevention techniques.

V. ETHICS

Description: This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client specific to the vignette presented.

Definition: The candidate may be required to:

- Recognize professional ethical responsibilities specific to the case
- Apply ethical standards and principles throughout the treatment process
- Identify the clinical impact of ethical responsibilities on treatment

Tasks

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid possible loss of therapist objectivity or exploitation of client.
- Manage confidentiality issues to maintain integrity of the therapeutic contract.

Knowledge of

- Approaches to address expectations of the therapeutic process.
- Cultural differences which may affect the therapeutic alliance.
- Methods to explain management of fees and office policies.
- Strategies to manage countertransference issues.
- The impact of gift giving and receiving on the therapeutic relationship.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- The implications of sexual feeling/contact within the context of therapy.
- Strategies to maintain therapeutic boundaries.
- Confidentiality issues in therapy.

VI. LAW

Description: This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice specific to the vignette presented.

Definition: The candidate may be required to:

- Recognize legal obligations specific to the case
- Apply legal obligations throughout the treatment process
- Identify the clinical impact of legal obligations on treatment

Tasks

- Comply with legal standards regarding guidelines for consent to treat a minor.
- Report cases of abuse to authorities as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm others by client as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.
- Assert client privilege regarding requests for confidential information within legal parameters.

Knowledge of

- Laws regarding consent to treat a minor.
- Custody issues of minor client to determine source of consent.
- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).
- Laws pertaining to mandated reporting of client's intent to harm others.
- Techniques to evaluate client's plan, means, and intent for dangerous behavior (i.e., harm others).
- Legal criteria for determining involuntary hospitalization.
- Laws regarding privileged communication.
- Laws regarding holder of privilege.
- Laws regarding therapist response to subpoenas.

Appendix B

How is an Examination Created?

The development of an examination program begins with an occupational analysis. An occupational analysis is a method for surveying and identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job. The Board uses a questionnaire sent to MFTs practicing in California to assist in determining what skills, tasks, and knowledge are currently used in the field. MFTs serving as subject matter experts (SME) then analyze the results of the questionnaire. The results of an occupational analysis form an examination plan.

An examination plan consists of content areas. In each content area, the examination plan describes examination content in terms of the task statements and knowledge gathered during the occupational analysis.

MFT examinations, both the Standard Written and the Written Clinical Vignette, are developed and maintained by the Office of Examination Resources (OER). Test validation and development specialists at OER work with MFT SMEs to develop test questions and licensure examinations that are valid and legally defensible.

To establish pass and fail standards for each examination version, a criterion-referenced passing score methodology is used. The passing score is based on a minimum competence criterion that is defined in terms of the actual behavior that qualified MFTs would perform if they possessed the knowledge necessary to perform job duties. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate.